

## Somatoform Disorder

### Psychiatric disorders that cause an unexplained physical symptom.

1. Somatization disorder (multisystem physical symptoms)
2. Undifferentiated somatoform disorder (fewer symptoms)
3. Conversion disorder (voluntary motor or sensory function symptoms)
4. Pain disorder (pain with strong psychological involvement)
5. Hypochondriasis (fear of having a life-threatening illness or condition)
6. Body dysmorphic disorder (preoccupation with a real or imagined physical defect)
7. Somatoform disorder not otherwise specified (criteria not met for other somatoform disorders)

**Epidemiology/risk factors:** Almost 50% of all primary care patients present with physical symptoms that cannot be explained by a general medical condition; however, most do not meet strict psychiatric diagnostic criteria. This leads to health anxiety; preoccupation with unexplained physical symptoms; inaccurate or exaggerated beliefs about somatic symptoms; disproportionate disability; displays of strong, often negative emotions toward staff; unrealistic expectations. It usually presents before age 30, occurs more often in women than in men and more common in people with irritable bowel syndrome and chronic pain. Patients often experience pain or other symptoms in a way that increases the level of pain. Pain and worry create a cycle that is hard to break. People who have a history of physical or sexual abuse are more likely to have this disorder. There may be a genetic predisposition.

**Diagnosis:** Often involve chronic pain and problems with the digestive system, nervous system, and reproductive system. Stress often worsens the symptoms. Three required clinical criteria:

1. Physical symptoms not due to general medical condition, mental disorder, or a Drug/Rx/toxin.
2. Not factitious disorder or malingering
3. Cause significant impairment in social, occupational, or other functioning.

### Selected Symptoms of Somatization Disorder:

- Gastrointestinal (2): Bloating, Diarrhea, Food Intolerance, Nausea, Vomiting,
- Pain (4): Abdominal, Back, Chest, Dysmenorrhea, Dysuria, Head, Extremity, Joint, Rectal.
- Pseudoneurological (1): Amnesia, Aphonia, Blindness, Difficulty Swallowing, Double Vision, Impaired Coordination, LOC, PAralysis, Parathesia, Urinary Retention
- Sexual (1) : Ejaculatory dysfunction, Erectile Dysfunction, Hyperemesis of Pregnancy, Irr. Menses, Menorrhagia, Sexual indifference

## Treatment

1. Review with the patient diagnostic criteria for somatoform disorder. Let the patient know that you understand they are experiencing real pain.
2. Focus treatment on function, not symptom, and on management of the disorder, not cure. Use Motivational Interviewing to empower the patient to set goals. Patients will benefit from being able to identify exacerbating factors, learn coping mechanisms and stay as active as possible. Give handout information.

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3. Treat comorbidities such as insomnia, depression, PTSD, and anxiety. Amitriptyline has been effective for somatoform pain disorder, especially abdominal pain. Combined SSRI and cognitive behavioral therapy work well for underlying PTSD. Mirtazapine can be used for agitation, anxiety and insomnia. Address sleep hygiene and wean off caffeine. Pain and wellness group allows patients to get work together and support each other and develop emotional self awareness.

4. Offer alternative modalities: Cognitive behavioral therapy, physical therapy, water walking, gratitude journals, etc. Acupuncture and osteopathic manipulation can treat viscerosomatic reflexes and states of that may be contributing to the condition.

5. Patients benefit from frequent visits to PCP and having one provider.